

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 111661722 US, on the date shown below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 2, 2008

Signature:

Pamela Harrison
(Pamela A. Harrison)



1647
Docket No.: SLII-P01-001
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Power et al.

Application No.: 10/510,876

Confirmation No.: 6247

Filed: June 20, 2005

Art Unit: 1647

For: USE OF OSTEOPROTEGERIN FOR THE
TREATMENT AND/OR PREVENTION OF
FIBROTIC DISEASE

Examiner: R. M. Deberry

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

Applicants wish to draw the Examiner's attention to the Office Action dated March 19, 2008 which has been issued in association with co-pending application USSN 10/966,845. Applicants encourage the Examiner to contact them if a copy of the Office Action is required.

This Supplemental Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

07/08/2008 HVUONG1 00000018 181945 10510876

01 FC:1806 180.00 DA

In accordance with 37 CFR 1.97(g), the filing of this Supplemental Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

In accordance with 37 CFR 1.98(a)(2)(ii), Applicant has not submitted copies of U.S. patents and U.S. patent applications. Applicants submit herewith a copy of the non-patent literature in accordance with 37 CFR 1.98(a)(2).

It is submitted that the Supplemental Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

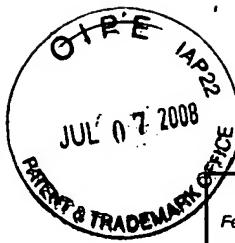
Please charge our Deposit Account No. 18-1945 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. SLII-P01-001.

Dated: July 2, 2008

Respectfully submitted,

By 
Jesse A. Fecker, Ph.D.

Registration No.: 52,883
ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110
(617) 951-7000
(617) 951-7050 (Fax)
Attorneys/Agents For Applicant



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

| | | | |
|-------------------------|------|--------|--|
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 | |
|-------------------------|------|--------|--|

| | | | |
|--|--|--------------------------|-----------------|
| | | Complete if Known | |
| | | Application Number | 10/510,876 |
| | | Filing Date | June 20, 2005 |
| | | First Named Inventor | Christine Power |
| | | Examiner Name | R. M. Deberry |
| | | Art Unit | 1647 |
| | | Attorney Docket No. | SLII-P01-001 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 | | | | Deposit Account Name: Ropes & Gray LLP |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| | |
|----------|-----------------------|
| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|

| | | | | |
|-----|---|---|----------|---------------|
| - = | x | = | Fee (\$) | Fee Paid (\$) |
|-----|---|---|----------|---------------|

HP = highest number of total claims paid for, if greater than 20.

| | | | | | |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|

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|-----|---|---|----------|---------------|
| - = | x | = | Fee (\$) | Fee Paid (\$) |
|-----|---|---|----------|---------------|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

| | | | | |
|---------|-------|--------------------------------|---|----------|
| - 100 = | /50 = | (round up to a whole number) x | = | Fee (\$) |
|---------|-------|--------------------------------|---|----------|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

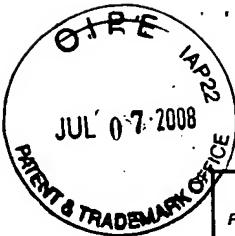
SUBMITTED BY

| | | | | | |
|-------------------|------------------------------|--------------------------------------|--------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 52,883 | Telephone | (617) 951-7633 |
| Name (Print/Type) | Jesse A. Fecker, Ph.D., J.D. | | | | |
| | Date July 2, 2008 | | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 2, 2008

Signature: (Pamela A. Harrison)



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Complete if Known

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| Filing Date | June 20, 2005 |
| First Named Inventor | Christine Power |
| Examiner Name | R. M. Deberry |
| Art Unit | 1647 |
| Attorney Docket No. | SLII-P01-001 |

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Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

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Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
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| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

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Small Entity Fee (\$)

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Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| - = | x | = | | Fee (\$) |
| | | | | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
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| | | | |

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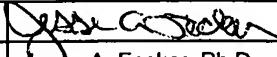
| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | /50 = | (round up to a whole number) x | = | |
| | | | | |

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Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 52,883 | Telephone | (617) 951-7633 |
| Name (Print/Type) | Jessie A. Fecker, Ph.D., J.D. | | | Date | July 2, 2008 |

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